

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

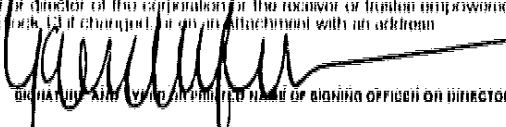
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Montanari Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000030939 (0) 1. Corporation Name THE GNM GROUP, INC.			
Principal Place of Business 1701 W. MADRID CORN BOCA RATON FL 33332		Mailing Address 731 VISTA ISLES DR SUNRISE FL 33325	
2. Principal Office of Business 21 731 Vista Isles Drive Suite, Apt. #, etc. 22 1527 City & State 23 Sunrise, Fl. 33325 Zip 24		2a. Mailing Address 26 731 Vista Isles Drive Suite, Apt. #, etc. 27 1527 City & State 28 Sunrise, Fl. 33325 Zip 29	
9. Name and Address of Current Registered Agent MANSFIELD, GARY 731 VISTA ISLES DR 1527 SUNRISE FL 33325		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent Signature Required when re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MANSFIELD, GARY STREET ADDRESS 731 VISTA ISLES DR 1527 CITY - ST - ZIP SUNRISE FL 33325		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.			
SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GARY MANSFIELD 3/28/95 (Typed Name)	